



Master License Service  
Department Of Licensing  
PO Box 9034  
Olympia WA 98507-9034  
(360) 664-1400

UBI
Owner Name

## X-ray Facility and Devices Registration

This form must be submitted with a Master Business Application form.

### Instructions:

- You must complete only one section on this form, A or B.
- Complete section A if you operate a facility that offers only **one** of these X-ray services; Mammography, Bone Density, Electron Microscopy, or Bomb Squad. Or complete section B if your facility offers more than one type of X-ray service.
- Write the facility type you selected and the corresponding fee in section 2 of the Master Business Application. If you completed section B, on a separate line of the application you must also write the words "X-ray Tube" and the total tube fees due from this addendum.

**Note:** The Department of Health requires a shielding plan review prior to installation of certain medical x-ray units. Installations without review are charged an additional \$500 follow-up fee. For information about plan review requirements and related fees visit the DOH web site at [www.doh.wa.gov/ehp/rp/xray/xplan.htm](http://www.doh.wa.gov/ehp/rp/xray/xplan.htm) or call 1-800-299-9729.

### A X-ray facility types and fee - Choose only one. If you mark a box in this section, do **not** use section B.

<input type="checkbox"/> Mammography Only (257) \$68	Number of Mammography X-ray Tubes at this facility (266) .....	_____
<input type="checkbox"/> Bone Density Only (257) \$68	Number of Bone Densitometers at this facility (262) .....	_____
<input type="checkbox"/> Electron Microscopy Only (257) \$68	Number of Electron Microscopes at this facility (265).....	_____
<input type="checkbox"/> Bomb Squad (257) \$68	Number of Bomb Squad X-ray Machines at this facility (280) .....	_____

### B X-ray facility types, tube types, and fees - Do not use this section if you wrote in section A

1. Check the box next to the category that best describes your type of facility.

Facility type	Facility fee
<input type="checkbox"/> Dental, Podiatric, or Veterinary (258) .....	\$ 102.00
<input type="checkbox"/> Hospital, Medical, or Chiropractic (259).....	\$ 158.00
<input type="checkbox"/> Research, Educational, Security, Correctional, and Other Industrial Facilities (260).....	\$ 140.00

2. Provide the total number of tubes you have for each tube type. Multiply the number of tubes by the tube fee and write the total amount in the "Total fees per tube type" column.

Tube type	Number of tubes	Fee per tube		Total fees per tube type
Bone Densitometer (262)		no tube fee	=	\$ 0.00
Electron Microscope (265)		no tube fee	=	\$ 0.00
Mammography (266)		no tube fee	=	\$ 0.00
Computer Tomography (263)		x \$ 100.00	=	\$
Dental X-ray (264)		x \$ 35.00	=	\$
Medical Fluoroscopic (267)		x \$ 100.00	=	\$
Medical Radiographic (268)		x \$ 100.00	=	\$
Podiatry (Rad & Fluor) (269)		x \$ 35.00	=	\$
Stereotactic Mammography (270)		x \$ 100.00	=	\$
Therapy - Accelerator (271)		x \$ 100.00	=	\$
Therapy - Non Accelerator (272)		x \$ 100.00	=	\$
Veterinary (Rad & Fluor) (273)		x \$ 35.00	=	\$
Airport Baggage X-ray (274)		x \$ 35.00	=	\$
Analytical X-ray Fluorescence (275)		x \$ 35.00	=	\$
Cabinet X-ray (276)		x \$ 35.00	=	\$
Industrial Accelerators (277)		x \$ 35.00	=	\$
Industrial Radiographic (278)		x \$ 35.00	=	\$
Other Industrial Uses (279)		x \$ 35.00	=	\$
Total x-ray tube fees due				\$